MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04653

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester.
City or town: Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: N. Main St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wor.
City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Georganna Bennett.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	W	married

6 (b) Name of husband or wife: Benjamin W. Bennett
6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): March 30, 1865

8. AGE:

Years	Months	Days	If less than one day
75	0	5	hrs. min.

9. Birthplace: Delaware.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER — 12. Name: George W. Carson.
13. Birthplace: Delaware.
MOTHER — 14. Maiden name: Ella Smith.
15. Birthplace: Delaware.
16. Informant: Mr. Thomas J. Taylor.
Address: Chicago, Ill.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 8, 1940 (month) (day) (year)
Cemetery or crematory: Barretts Chapel
Location: Delaware.
18. Funeral director: J. W. Burbage.
Address: Berlin, Md.
19. 4-8-40 (Date rec'd by registrar) 1940 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 5 — 1940 at 7:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h— alive on Apr 4 — 1940.

Immediate cause of death	DURATION
Chr. Myocarditis	
Due to Pulmonary Edema	
Due to	
Other conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Chas R. Law M. D. or other
Address: Berlin Md. Date signed 4-6-40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04654

1. PLACE OF DEATH

County Worcester

Village or City Eden Md RFD #1 Registration Dist. No. 351

No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bolen

(a) Residence: No. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4-25-40

7. AGE Years Months Days Stillborn If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eden, Md RFD #1

FATHER

13. NAME Harry L. Bolen

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Irma A. Jones

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT (Address) Harry L. Bolen Eden Md RFD #1

18. BURIAL, CREMATION, OR REMOVAL

Place Olivet Date 4/25/, 1940

19. UNDERTAKER (Address) Hearne & Dennis Snow Hill Md

20. FILED 4/25/, 1940 LeRoy Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Stillborn , 19 ; death is said to have occurred on the date stated above, at 2 38 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn - Foetus dead in utero at least 10-14 days cause unknown

Date of onset

Other Contributory Causes of importance:

Name of operation Stillborn Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. S. Walsche M. D.

(Address) Snow Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other **contributory causes** of importance:		Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

04655

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Worcester County
City or town: Liberty Town Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Va County:
City or town: Chincoteague Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ella M. Booth

3. (b) Social Security Number:

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: George H. Booth.
6(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): January 29 - 1870

8. AGE:

Years	Months	Days	If less than one day
70	3	6	hrs. — min.

9. Birthplace: Whaleville Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —

FATHER
12. Name: George Dennis
13. Birthplace: Wicomico Co Maryland

MOTHER
14. Maiden name: Nancy Bowden
15. Birthplace: Wicomico Co Maryland

16. Informant: George H. Booth.
Address: Chincoteague Virginia

17. Burial, cremation, or removal: Burial — Date thereof: (month) May 2 (day) 1940 (year)
Cemetery or crematory: Beulah Cemetery
Location: Chincoteague Va.

18. Funeral director: Walter M. Black
Address: Chincoteague Virginia

19. 5-2-1940 (Date rec'd by registrar)
Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1940, at 11.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 1940 to April 29 1940 and that I last saw her alive on April 29 1940

Immediate cause of death	DURATION
Chronic Myocarditis	?
Due to	
Due to	
Other conditions: Chronic interstitial nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Schutt M.D.
M. D. or other
Address: Newark N.J. Date signed April 30 1940

RECEIVED
MAY 11 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04656

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Snow Hill (Near)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Worcester

City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Preston Bowen

3. (b) Social Security Number 218-10-0436

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Rosa Bowen

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
27			hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business Fertilizer Factory

FATHER 12. Name James Bowen

13. Birthplace Berlin Md

MOTHER 14. Maiden name Jennie Dale

15. Birthplace Snow Hill Md

16. Informant James Bowen

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 26/40 (month) (day) (year)

Cemetery or crematory St. James

Location Snow Hill

18. Funeral director Heare & Dennis

Address Snow Hill Md

19. 4/26 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—,

and that I last saw h — alive on — 19—.

Immediate cause of death	DURATION
Drowning	
Due to accidental or homicide	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operation

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Exa
M. D. or other

Address Snow Hill Md Date signed 4/26/40

RECEIVED
MAY 6 1940
...REAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04657

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Clarke Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Clarke Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George E. Brittingham

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Mary H. Brittingham

6(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): June 20, 1856

8. AGE: Years	Months	Days	If less than one day
83	10	8	hrs. min.

9. Birthplace: Dublin District, Somerset Co. Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: William Brittingham

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Mrs. Roy Cutler

Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-30-40 (month) (day) (year)

Cemetery or crematory: Quintin Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. April 30 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/28 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/27 1940 to 4/28 1940, and that I last saw him alive on 4/27 1940.

	DURATION
Immediate cause of death: Sudden Collapse	1/2 hour
Due to: Acute Angina for	12 hrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. M. Wilson M. D. or other

Address: Pocomoke City Date signed: 4/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04658

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Joseph Henry Chapple

3. (b) Social Security Number 219-03-5537

4. Sex	5. Color or race	6. (d) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Ella Chapple
6(c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 57			hrs. min.

9. Birthplace Seaford (Town, county, and state) N. C.
10. Usual occupation Tator
11. Industry or business
FATHER 12. Name Edward C. Chapple
13. Birthplace Seaford N. C.
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant Ella Chapple
Address Snow Hill Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 19 40 (month) (day) (year)
Cemetery or crematory Baptist
Location Snow Hill
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 4/17 19 40 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to Dec 15 1939, and that I last saw him alive on Apr 14 1940.

Immediate cause of death Mitral regurgitation
Heart Arrest, Uremia
Illness

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley M. D. or other
Address Snow Hill Md Date signed 4/17/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

04659

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Rural - Pocomoke City Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Rural - Pocomoke City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Cropper

3. (b) Social Security Number

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4. 22. 40

8. AGE: Years — Months — Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Rural - Pocomoke City Wo Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Richard Marshall

13. Birthplace Va

MOTHER

14. Maiden name Carrie Cropper

15. Birthplace Md

16. Informant Carrie Cropper

Address Pocomoke City Md R F D #3

17. Buried (Burial, cremation, or removal. Which?) Date thereof April 25 1940 (month) (day) (year)

Cemetery or crematory Hardtown Cemetery

Location Pocomoke R F D

18. Funeral director Willie Stingis

Address Melbourne Md

19. April 25 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 10 p m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him dead alive on 4-25-40 19__.

Immediate cause of death Premature Birth — DURATION 2 days

Due to

Due to

Other conditions Premature Birth

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE F. Swaesch M.D. Acting Deputy Med. Exam. for Wo Co M. D. or other

Address Snow Hill, Md Date signed 4/25/40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-a

04660

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bay St.

Stay in hospital or inst. (yrs., or mos., or days) ——

Stay in this community (yrs., or mos., or days) ——

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester.

City or town Berlin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bay St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ——

3. (a) FULL NAME Eliza Ann Cropper.

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Thomas Cropper.

6(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1861

8. AGE: Years 78 Months 3 Days 29 If less than one day —— hrs. —— min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name John D McCabe.

13. Birthplace Maryland.

MOTHER 14. Maiden name Joyce Timmons

15. Birthplace Maryland.

16. Informant Mr. Thomas Cropper.

Address Berlin, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 29, 1940 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin, Md.

18. Funeral director J. W. Burbage

Address Berlin, Md.

19. 4-29- 1940 Helen F. Hayward (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 to April 27 1940

and that I last saw her alive on April 27 1940

Immediate cause of death Acute Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford E Schott M.D. M. D. or other

Address Berlin Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04661

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Snow Hill Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 36 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Snow Hill Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary Jane Davis

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles E. Davis

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 - 1861

8. AGE:

Years	Months	Days	If less than one day
78	9	20	hrs. min.

9. Birthplace Snow Hill Worcester Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Edward "O" Davis

Address Snow Hill Md

17. Burial Date thereof April 6 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nassawango

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 4/5 1940 LeRoy Futtick

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 8 3/4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1940 to April 4 1940, and that I last saw her alive on April 3 1940

Immediate cause of death	DURATION
Chronic Myocarditis + Auricular Fibrillation	? ?
Due to	
Due to	
Other conditions Acute Bronchitis (Include pregnancy within 3 months of death)	2 or 3 days

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. L. Roasche M.D. M. D. or other

Address Snow Hill, Md. Date signed 4/5/40

RECEIVED
MAY 8 1940
BUREAU V. S.

04662

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-C

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester.

City or town Berlin.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wor

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME T. Emory Davis

3. (b) Social Security Number none

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widower.

6 (b) Name of husband or wife Louise Davis.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 23, 1857

8. AGE: Years 82 Months 11 Days 17 If less than one day hrs. min.

9. Birthplace Berlin, Md
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Thomas Davis

13. Birthplace md

MOTHER 14. Maiden name Hettie Hudson

15. Birthplace md.

16. Informant Mrs. George Hudson.

Address Wilmington, Del.

17. Burial Date thereof Apr. 12, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin md

18. Funeral director J. W. Burbage

Address Berlin, Md.

19. 4-12- 1940 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 9 1940, and that I last saw him alive on April 9 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Chronic interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

?

?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford E. Schott M.D.
M. D. or other

Address Newark Date signed April 13 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1910
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

04663

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 438 Bank St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Appx. 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 438 Bank St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charlotte B. Dickerson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife: William P. Dickerson
6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Sept. 1883 day unknown

8. AGE: Years	Months	Days	If less than one day
56	7	DK	____ hrs. ____ min.

9. Birthplace: Salisbury-Wicomico-Maryland (Town, county, and state)
10. Usual occupation: House servant
11. Industry or business: Private home

FATHER
12. Name: John E. Gray
13. Birthplace: Berlin, Maryland

MOTHER
14. Maiden name: Sarah Dixon
15. Birthplace: Salisbury, Maryland

16. Informant: Mrs. Cynthia Jones Md.
Address: 603 Popular Hill Ave., Salisbury,

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5 4 40 (month) (day) (year)
Cemetery or crematory: Halls Hill Cemetery
Location: Pocomoke City, Maryland

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. May 3rd 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30th, 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20th, 1940, to 4/30/40, 19____, and that I last saw her alive on April 29th, 1940

Immediate cause of death: Exhaustion	DURATION
Due to Cerebral hemorrhage,	10 days
Due to Arterio-sclerosis and hypertension,	?
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. Lee Hall M. D. or other
Address: Pocomoke City, Md Date signed 5/2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 820

04664

CERTIFICATE OF DEATH

Reg. Dist. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Stockton Rural # 2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Sarah M. Daughtery

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife Thomas Daughtery

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17 - 1851

8. AGE: Years 88 | Months 4 | Days 27 | If less than one day hrs. min.

9. Birthplace Snow Hill Worcester Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Robert L. Mills

13. Birthplace Maryland

MOTHER 14. Maiden name Richmond

15. Birthplace

18. Informant Mrs. Raymond Maloney

Address Stockton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 16 40 (month) (day) (year)

Cemetery or crematory Presbyterian

Location Stockton Md

18. Funeral director Pearne & Downes

Address Snow Hill Md

19. Apr. 15 1940 (Mary M. Taylor)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 10 1940, to Apr. 10 1940, and that I last saw her alive on Apr. 10 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	3 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ~ Date of ~

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John D. Dickerson M.D. M. D. or other

Address Stockton, Md. Date signed 4/14/40.

RECEIVED
MAY 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 355

CERTIFICATE OF DEATH

04665

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Worcester.

(b) City or town: Berlin R.F.D. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Wor.

(c) City or town: Berlin (If outside city or town limits, write RURAL and give town)

(d) Street No.: R F D (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Mary Catherine Hadder.

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm H Hadder

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1853

8. AGE: Years: 86 Months: 4 Days: 23 If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Cornelius Widgeon

13. Birthplace: Md.

MOTHER

14. Maiden Name: Hetty Phillips

15. Birthplace: Md.

16 (a) Informant: Mrs. Charlie Hadder

(b) Address: Berlin, Md R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-40 (month) (day) (year)

(c) Cemetery or crematory: Taylorsville, Md

Location: Taylorsville

18 (a) Funeral director: D W Bunting

(b) Address: Berlin Md

19 (a) 4-17-40 (Date rec'd by registrar) (b) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1940, at 930 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Chas. R. Farr M. D. or other

Address: Berlin Md. Date signed 4-17-40

RECEIVED
MAY 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

04666

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (157-2)

County Worcester — Registration Dist. No. 335

Village or City Ocean City Twp — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thos Albert Brumley — If U. S. Veteran, specify WAR ____

(a) Residence: No. Ocean City Twp St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) April 8th 40

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ocean City Twp

FATHER

13. NAME Albert E Brumley

14. BIRTHPLACE (city or town) (State or country) Salem Co. N.J.

MOTHER

15. MAIDEN NAME Alice L Kelley

16. BIRTHPLACE (city or town) (State or country) Swedesboro Twp

17. INFORMANT Alice L Brumley (Address) Ocean City Twp

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hill Mt. Date 4/12 1940

19. UNDERTAKER Thos Burbage (Address)

20. FILED 4/12 1940 W S M Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 11 1940 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8 1940 to April 11 1940

I last saw h— alive on April 11 1940; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Acute heart Failure	
Pulmonary Edema	

Other Contributary Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W S Crawford M. D.

(Address) ____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

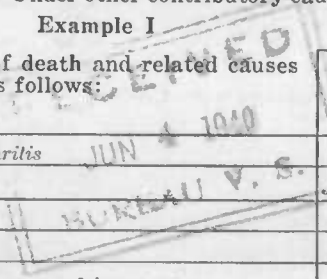
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04667

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Rural, near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Rural, near Pocomoke City Ward, No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Clara Marshall

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 4, 1886

8. AGE:

Years	Months	Days	If less than one day
53	5	19	hrs. min.

9. Birthplace: Worcester County-Maryland
(Town, county, and state)

10. Usual occupation: Practical Nurse

11. Industry or business

FATHER

12. Name: Frank Marshall

13. Birthplace: Worcester County-Maryland

MOTHER

14. Maiden name: Irene Holland

15. Birthplace: Worcester County-Maryland

16. Informant: Mrs. Sinar Taylor

Address: Welbourne, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 (month) 25 (day) 40 (year)

Cemetery or crematory: Old Saint Pauls Cem.

Location: Near Stockton, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. April 24 1940 (Date rec'd by registrar) Anna E. Whete Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 10:40 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1939, to April 20 1940, and that I last saw her alive on March 15 1940.

Immediate cause of death	DURATION
Bronchial Pneumonia	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Whete M. D. or other

Address Date signed 4-24-40

RECEIVED
MAY 4 2010
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8

04668

CERTIFICATE OF DEATH

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester.
City or town Berlin.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Still Born Mumford.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	—

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1940

8. AGE:

Years	Months	Days	If less than one day
—	—	—	hrs. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John E. Mumford.
13. Birthplace Maryland.

MOTHER
14. Maiden name Dorothy Gray.
15. Birthplace Md.

16. Informant Mrs. John E. Mumford
Address Ocean city, Md.

17. Burial Date thereof April 22, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin, Md.

18. Funeral director J. W. Burbage
Address Berlin, Md.

19. 4-22-1940 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1940, to April 21 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frederick S. Ficell M.D.
M. D. or other
Address Berlin, Md. Date signed 4-23-40

RECEIVED
MAY 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94

04669

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR No

3. (a) FULL NAME Thomas J. Nelson

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary O. Nelson

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb. 20 1870

8. AGE: Years 70 Months 1 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Parksley Accomac Virginia (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Truck Farm

FATHER 12. Name Thomas A. Nelson

13. Birthplace Virginia

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mr Roscoe H. Nelson

Address Craddockville Virginia

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 9 40 (month) (day) (year)

Cemetery or crematory Liberty

Location Parksley Virginia

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 4/8 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1940, to April 6 1940, and that I last saw him alive on April 6 1940.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions Unimportant (Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. D. Waesche M.D. M. D. or other

Address Snow Hill Md Date signed 4/8/40

RECEIVED
MAY 6 1940
BUREAU V. S.

04670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William L. Purnell

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nora A. Purnell

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct. 17 - 1873

8. AGE: Years 66 Months 6 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Newark Worcester Md
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Retail Merchant

FATHER
12. Name Stephen L. Purnell
13. Birthplace Maryland

MOTHER
14. Maiden name Mary J. Garlow
15. Birthplace Maryland

16. Informant Mrs Nora A. Purnell
Address Snow Hill Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof May 1/40 (month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Snow Hill

16. Funeral director Hearne + Dennis
Address Snow Hill Md

19. 4/30/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940 at 1:50 A M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 24 1940, April 29 1940, and that I last saw him alive on April 28, 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4 days

Due to: Arterio-sclerosis + Hypertension — do not know

Due to

Other conditions: Chronic toxemia

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris, M.D.
M. D. or other

Address Snow Hill, Md. Date signed 4/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83-a

04671

CERTIFICATE OF DEATH

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Worcester

City or town: Berlin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John H Taylor

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	married

6 (b) Name of husband or wife: Georgie Taylor.

6(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): Jan 6, 1886

8. AGE:

Years	Months	Days	If less than one day
54	2	17	hrs. min.

9. Birthplace: md (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: John W Taylor

13. Birthplace: md

MOTHER — 14. Maiden name: Margaret Wainwright

15. Birthplace: md

16. Informant

Address: Berlin md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apl. 25, 1940 (month) (day) (year)

Cemetery or crematory: Newark md

Location: Newark md

18. Funeral director: J. A. Burbage

Address: Berlin md

19. 4-25 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1940, at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas R. Law M. D. or other

Address: Berlin Md Date signed 4-25-40

RECEIVED
MAY 4 1940
BUREAU V. S.

04672

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 855

1. PLACE OF DEATH:

County Worcester

City or town Berlin md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State md County Worcester

City or town Berlin md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Berlin R.F.D. No 1 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lizzie Timmons

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: Charles Timmons

6. (c) If alive, give age: about 71 years

7. Birth date of deceased (mo., day, yr.): about 1868

8. AGE: Years: about 71 | Months: – | Days: – | If less than one day: hrs. min.

9. Birthplace: Berlin md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: no

FATHER

12. Name: Henry Fooks

13. Birthplace: Berlin md

MOTHER

14. Maiden name: Mary Massey

15. Birthplace: Berlin md

16. Informant: Raymond Bridsdell

Address: Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 29 - 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin md

18. Funeral director: James F. Stewart

Address: Salisbury md

19. 4-29- 1940 (Date rec'd by registrar) Helen S. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 26 1940, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1940, to Apr 26 1940, and that I last saw h or alive on Apr 20 1940.

Immediate cause of death: Chronic Dist. Nephritis

Due to: Chronic Myocarditis

Due to:

Other conditions: Senetic

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: ! ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Schott M. D. or other

Address: Berlin Md Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 4 1940
BUREAU V. S.

04673

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (61)

County Worcester Registration Dist. No. 350

Village or City Pocomoke City, Md. (R.D. #2) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Manie A. Watkins, If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert L. Watkins,

6. DATE OF BIRTH (month, day, and year): April 17, 1887

7. AGE: Years 53 | Months 0 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: -------

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Parksley, Va.

FATHER

13. NAME: Bennett Justis,

14. BIRTHPLACE (city or town) (State or country): Parksley, Va.

MOTHER

15. MAIDEN NAME: Julia Barnes,

16. BIRTHPLACE (city or town) (State or country): Parksley, Va.

17. INFORMANT (Address): Robert L. Watkins, Pocomoke City, Md. (R.D. #2)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Parksley Cemetary, Date: 4/22/, 1940

19. UNDERTAKER (Address): J. D. Johnson, Inc., Parkeley, Va.

20. FILED April 20, 1940 Anne E. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 20th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 19th, 1940, to April 20th, 1940

I last saw her alive on April 19th, 1940; death is said to have occurred on the date stated above, at 8:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage,	4/20/4

Other Contributory Causes of importance:

Diabetis,	1938
Hypertension,	1939

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rose Hall M. D.

(Address) Pocomoke City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN